

**WASHINGTON COMMUNITY SCHOOL**

P.O. BOX 926

WASHINGTON, IOWA 52353

**EMPLOYMENT APPLICATION**

Position Applied for \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**EDUCATION**

Circle highest degree completed 9 10 11 12 GED College 1 2 3 4 5 6

<b>Dates Attended</b>	<b>Institution</b>	<b>Course of Study</b>	<b>Degree Attained</b>
High School			
_____	_____	_____	____Diploma____GED
_____	_____	_____	____Diploma____GED
College			
_____	_____	_____	____Degree
_____	_____	_____	____Degree
_____	_____	_____	____Degree
_____	_____	_____	____Degree

Have you received any additional training, workshops, short courses, etc. \_\_\_\_\_

If required for this job;

- a. Do you have a valid Iowa Drivers License? Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Can you obtain a valid Iowa Drivers License upon appointment? Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Do you have a valid Commercial Drivers License? Yes \_\_\_\_\_ No \_\_\_\_\_
- d. Can you obtain a valid Commercial Drivers License upon appointment?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate whether you will submit to a physical examination by a physician after being offered employment?

Yes \_\_\_\_\_ No \_\_\_\_\_

What date would you be available to begin work? \_\_\_\_\_

# EMPLOYMENT HISTORY

Start with your present or last job.  
List major assignments and supervisory positions.

**1. Employed by** \_\_\_\_\_

Address \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Employed from (mo-yr) \_\_\_\_\_ To (mo-yr) \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ Hrs per week \_\_\_\_\_

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

**2. Employed by** \_\_\_\_\_

Address \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Employed from (mo-yr) \_\_\_\_\_ To (mo-yr) \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ Hrs per week \_\_\_\_\_

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

**3. Employed by** \_\_\_\_\_

Address \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Employed from (mo-yr) \_\_\_\_\_ To (mo-yr) \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ Hrs per week \_\_\_\_\_

Job Title \_\_\_\_\_

\_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

Are you a U. S. Veteran ? Yes \_\_\_\_\_ No \_\_\_\_\_

Branch of the Service \_\_\_\_\_

Date of Service From (mo-yr) \_\_\_\_\_ To (mo-yr) \_\_\_\_\_

Do you have any other experience or qualifications not listed before which relate to the job applied for ?

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Can you perform the essential functions of the job you are applying for either with or without reasonable accommodations?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? A conviction does not automatically mean that you cannot be appointed. (What you were convicted of and how long ago are important.) Please give all the facts so that a decision can be made.

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All statements made on this application are true and correct. I understand that intentional false statements made on this application will eliminate me from further consideration for employment or will be grounds for dismissal. I authorize the Washington Community School and all my previous employers (with the exception of \_\_\_\_\_) to conduct or participate in an investigation of my personal background, work history and police record as may be necessary to verify the information provided in my employment application and to determine my fitness to hold the position for which I have applied.

\_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature

## District Equity Statement

It is the policy of the Washington Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy please contact Jeff Dicks or Veta Thode at (319) 653-6543.